Jan. 10, 1857. I was called for the first time to see him, when I obtained the above history of the case from his family. I found him with left eye somewhat suffused, articulation rather indistinct, and deglutition clumsy; right wrist, elbow, axilla, and subclavian pulseless; sought for tumour in subclavian region, but found none; therefore examined right leg, no pulse at the ankle, and only a slight jar at the knee. Although the pulse was absent at the right wrist, yet, on compressing the artery, I could at the moment perceive the blood flow against my finger as if obstructed by it. This pulseless condition continued until death, excepting, when the arm had been rubbed for half an hour, I could detect a slight pulse at the wrist. He continued to have the shakes, hot and sweating stages at irregular intervals up to the 13th, when he had a violent paroxysm in the evening as his shake passed off. I found him with a pulse so irregular as to prevent counting it; the action of the heart also irregular and furious, both sounds resembling that elicited by snapping the finger against a piece of thick cloth very moderately stretched. The pulsation of the abdominal aorta in the hypogastric region sounded like percussion over a tympanitic abdomen, and was audible at the distance of eight or ten feet at least; these sounds arose above those of the heart, even with the ear applied to the cardiac region for the purpose of auscultation. He had no more shakes, but in their stead he had paroxysms of similar action of heart and aorta up to the morning of the 17th, and the only change in his symptoms was a gradual loss of strength. On the morning of the 17th he suffered considerably from pain in the right limbs, and, for the first time since his attack of chills, from his old acquaintance "cramp in the stomach." On the evening of this day he was very low, pulse irregular and weak, and the dorsum of right foot and parts of the leg had assumed a dark mahogany colour, not to be scattered by friction or pressure; this discoloration gradually spread over his right leg, arm, back, and left leg, and he sunk gradually until the 23d, when he died.

Post-mortem examination had about thirty-six hours after death.—We detected no disease of the stomach, liver, bowels, kidneys, pancreas, or lungs, excepting a slight congestion of left lung. Spleen weighed about two pounds, and was so softened in places as hardly to retain its form when laid upon a level surface. Heart: the inner surface of the left auriculo-ventricular opening presented a spot about three-quarters of an inch in length by one-sixteenth of an inch wide, of a dark brown colour, and indurated like a scirrhus. The discoloration is not entirely lost, though macerated in alcohol for more than two weeks. Arteries: the subclavian where it gives off the thyroid axis, the abdominal aorta at its bifurcation, and the right common iliac at its bifurcation, were plugged with what seemed to be fibrin almost organized. How did the disease of the heart, or other cause, produce these plugs?

DOMESTIC SUMMARY.

Excision of the Tonsils.—Dr. J. Mason Warren made (March 23d, 1857) a highly interesting communication to the Boston Society for Medical Improvement on this subject.

He stated that he had lately removed the tonsils from a child in whom, in addition to the ordinary symptoms of obstruction to the breathing and alteration of the voice, was produced a most remarkable spasmodic cough, resembling the barking of a dog.

Dr. W. said he would take this opportunity to speak of the result of his experience in the operation for excision of the tonsils. Some years since (1839) he had read, before this Society, some remarks on enlargement of the tonsils, attended by certain deformities of the chest, and the result of twenty cases was given, in which the operation had been performed. This was published afterwards in the *Philadelphia Medical Examiner*. More lately, he had given the result of two hundred cases which required operation; and at present, his experience would reach to above five hundred instances in which the tonsils required to be removed. These cases had not been taken indiscriminately, but the operation was only performed where the symptoms were more or less urgent, and other remedies had failed in affording relief: causing deformity of the chest, difficulty of breathing, choking at night, unnatural and offensive discharge from the mouth and nasal passages. Many of these cases were brought from a distance, on account of the importance and severity of the disease.

In none of these cases had he ever seen any fatal accident occur, or had reason to regret the operation. In but two cases, and those not in his own practice, but where he had been called in after the operation, had he seen any serious hemorrhage; both these cases did well. In almost all of them the symptoms were at once relieved; the patient was able to take his food with comfort, to sleep better, and exchanged a pallid and depressed aspect, for a healthy and animated appearance. To the rapidity with which some of them had gained flesh, as soon as a proper amount of oxygen was allowed to penetrate to the lungs, many of the gentlemen present would bear witness. He could conscientiously say that he knew no minor operation in surgery that afforded greater relief and more satisfactory results than the one under consideration.

In answer to the question whether the tonsils were ever reproduced, requiring a repetition of the operation, Dr. W. said that in four or five instances only had he been obliged to repeat the operation. The whole of the tonsil never is, or ought not to be, removed. When the enlargement is very great and irregular, it sometimes extends down the throat with a broad base, and it is not possible to embrace at once in the instrument as much of the tonsil as it would be desirable to remove, and the apex only is excised. The consequence is, that the lower portion afterward rises up and comes into view, causing obstruction, and requiring another operation. These cases, were, however, very exceptional.

The instrument that Dr. Warren had always used was the guillotine instrument, introduced into practice by Dr. J. C. Warren, made perfectly simple, without any needle or spring, to seize or drag out the part to be removed. The thick mucus of the fauces causes the portion cut off to stick to the instrument, so that it seldom escapes into the throat. The objection to those instruments which cut by pulling the knife out, is that they require to be kept constantly sharp, otherwise the tonsil may be dragged or torn. The guillotine instrument does not require this; in fact it is better dull, causing less hemorrhage, and possibly a subsequent greater destruction of that part which remains. His own instrument had been at the instrument-makers but once or twice for the last fifteen years. It was kept bright and in good order by not putting the blades together except when used.

In this connection, Dr. W. said that he had once seen death occur from enlargement of the tonsils. A young man was brought into the Massachusetts General Hospital in a state of strangulation, and it was necessary to open the trachea to save him from instant death. Stimulating injections of brandy and water were given him, as he was unable to swallow, and by this means he was kept alive some hours, but finally died from exhaustion. It was subsequently ascertained that he had been confined some days on board ship with a sore throat, but no danger had been apprehended until the urgent symptoms came on for which he was removed to the hospital. After his death, the finger being introduced into the throat, revealed the cause of his death. The tonsils were so much enlarged as to completely fill up the posterior fauces, and were firmly wedged one into the other, and had finally pressed down the epiglottis, entirely obstructing the passage of air to the lungs. (See *Society's Records*, vol. i. p. 233.)—*Boston Med. and Surg. Journ.*, April 23, 1857.

Complete Dislocation of the Cervical Vertebræ.—Dr. DANIEL AYRES, of Brooklyn, N. Y., records (*New York Journ. of Med.*, Jan. 1857.) an interesting case of this, in which reduction was effected on the tenth day, and the patient recovered.

The subject of it was a labouring man, 30 years of age, tall and muscular, with a neck longer than usual, who, on the evening of the 2d of October, was taken home drunk and insensible. When he recovered, the next morning, his sensibility, his wife supposed him to be suffering from a stiff neck and cold, and made some domestic applications, without relief being afforded.

On the ninth day after the accident, Dr. Ayres was called in to see him, when his condition was as follows:—

"With some assistance and great personal effort, he was able to get out of bed, moving very slowly and cautiously. Desiring to expectorate, he was obliged to get down on hands and knees, which he accomplished with the same deliberation. When seated in a chair, the head was thrown back and permanently fixed; the face turned upwards with an anxious expression. The anterior portion of the neck, bulging forwards, was strongly convex, rendering the larynx very prominent. The integuments of this region were exceedingly tense and intolerant of pressure. The posterior portion of the neck exhibited a sharp, sudden angle at the junction of the fifth and sixth cervical vertebræ, around which the integuments laid in folds. It was difficult to reach the bottom of this angle even with strong pressure of the fingers, and of course the regular line formed by the projecting spinous processes was abruptly lost. He complained of intense and constant pain at this point, which was neither relieved nor aggravated by pressure. With difficulty he swallowed small quantities of liquid, pausing after each effort, and could not be induced to take solid food, since the first attempt to do so after the accident was followed by violent paroxysms of coughing and choking. His breathing was obstructed and somewhat laboured, being unable fully to clear the bronchia of their secretion. This, however, seemed rather an effect of the tense condition of the soft parts of the neck, than the result of pressure upon the spinal cord, since he presented no evidence of paralysis, either of motion or sensation, in parts below the neck. The sterno-cleido-mastoid muscles of both sides were felt quite soft and relaxed.

"But one conclusion could be formed upon this state of facts, to wit: that the oblique processes of both sides were completely dislocated. The marked rigidity of the head seemed to preclude the probability of fracture through the vertebral bodies, and although the cartilage might be separated anteriorly, yet, the body not pressing backwards sufficiently to produce paralysis of the cord, it was hoped that the posterior vertebral ligament remained uninjured; it was, therefore, determined to make an effort at reduction on the following day.

"The patient was placed upon a strong table in a recumbent position, with a pillow resting under the shoulders, the head being supported by the hand during the administration of chloroform, of which an ounce was given before anæsthesia ensued. Counter extension being made by two folded sheets placed obliquely across the shoulders and properly held, the head was grasped by one hand placed under the chin, the other over the occiput, and by steadily and firmly drawing the head directly backwards, and then upwards, an attempt was made at reduction, but failed for want of sufficient power. Dr. Ingraham was then requested to place his hands immediately over my own in the same position as before, and steady traction was again made in the same direction. Our united strength was required in drawing the head backwards and upwards, to dislodge the superior oblique processes from their abnormal position. When this was felt to be yielding by Dr. Cullen (who kept one hand constantly at the seat of dislocation), Dr. Potter was directed to place his hands under our own, still in position, and assist in bringing the head forward; at the same time the chest was depressed towards the table. The bones were distinctly felt to slip into their places; the line of the spine was instantly restored, the head and neck assuming their natural position and aspect. As soon as the patient became conscious, he expressed himself ignorant of what had taken place, but free from pain, and, in his own language, 'all right.' A bandage was

arranged to support the head and keep it bent forward. He had an anodyne for two nights following, after which no further treatment was necessary, and at the end of one week he had complete control over the movements of the head and neck. Beyond the debility and emaciation immediately dependent upon protracted fasting and loss of rest, he has experienced no uneasiness since the operation. His appetite is now good, and all the functions perform their duty normally. In a subsequent inquiry, to determine if possible the cause of the accident, he states that he distinctly recollects going into a store in Atlantic Street, near the ferry, and there having angry words with an acquaintance; that he left the store and was proceeding up the street (which is here a rather steep ascent), when he was violently struck from behind, over the lower portion of the neck. He likewise remembers falling forward and striking against some object, but does not know what it was, nor what took place until the following morning."

Femoral Aneurism cured by Veratrum Viride, Manipulation and Compression.—In our number for January last, p. 256, we noticed the proposition of Mr. Fergusson to treat aneurisms by manipulation, and in our present number, p. 244, we have given the details of a case of subclavian aneurism successfully treated by this means by Mr. Little.

Dr. Geo. C. Blackman, Professor of Surgery in the Medical College of Ohio, reports (*Western Lancet*, June, 1857) the following interesting case of femoral aneurism treated by this plan combined with pressure and the administration of veratrum viride:—

"John Austin, æt. 28, a native of England, entered the Commercial Hospital on the 7th of April. Four months previously, he felt a sharp pain along the course of the femoral artery at the junction of the lower and middle third of the thigh, and for the first time he observed a pulsation in this region. He had worked for many years as a file-cutter, and had been accustomed to use a small anvil, which was held between his thighs. A swelling was soon detected, and this continued to increase until the time of his admission. There was a space of about three inches between the upper margin of the tumour and Poupart's ligament, and measured along the axis of the limb, the swelling was five inches at its base. The aneurismal bruit was very distinct, and the pulsations perceptible across the amphitheatre. Compression at the groin caused the tumour to diminish considerably in size, and it would immediately regain its former dimensions when the pressure was removed. The patient complained of numbness and other painful sensations in the knee, leg, and foot. As the tumour was daily increasing, and as there was no other indication of disease of the arterial system, I determined to bring the patient under the influence of veratrum viride, in order to subdue the force of the circulation. From the time of his admission he was kept on a low diet, and cathartics were administered. On the 11th, I ordered six drops of the tincture every three hours. On the morning of the 12th, I found that the pulse had been reduced in frequency from 94 to 65. At ten o'clock A. M., of this day, he was brought before the class, when with my thumb I pressed forcibly into the aneurismal sac, for the purpose of dislodging a portion of its fibrinous layers, hoping thus partially to obstruct the artery, and to favour the further deposition of fibrin in the sac. Skey's tourniquet was now applied with moderate force between the tumour and Poupart's ligament. The progress of the case may be learned from the following record, kept by Dr. N. J. Sawyier, the House Surgeon:—

"At 12 A. M., his pulse being 110, full, strong, and bounding, he was bled ℥ix. Pulse came down to 50, soft and regular, and continued low for several days. (The following are extracts from the Case-Book):—

"*April* 13, A. M. Suffers no pain nor uneasiness at all; slept well last night. Entire limb diminishing rapidly in size. Kept the apparatus tight. General health good; whenever any untoward symptom arose, it was promptly met, and the patient kept in a good condition. At intervals, the shooting pain was felt in the tumour, but it gradually subsided altogether.

"17*th*. Prof. Blackman ordered the tourniquet to be taken off, the bandage reapplied from the toes, up over the tumour, upon which it was to be tightly

wrapped, and the patient to be bled, after which the following was administered: R.—Antimon. and potass. tart. gr. ¼; pulv. opii gr. ½. Sig.—Take every 3 hours. Patient's pulse came down to 65, soft and regular.

19*th*. *Souffle* ceased entirely, but the pulsation continues, though it is very weak.

"22*d*. Pulsation in tumour has ceased altogether.

"25*th*. Is in fine spirits; has no pain, and wants to walk about. General health very good.

"30*th*. Has walked some steps, and complains of nothing but weakness.

"*May* 21. The pulsation in the tumor has never returned. The femoral is firmly plugged as far as the origin of the profunda, and in the popliteal space the pulsation of the artery is hardly perceptible. The tumour is daily decreasing in size, and the patient is anxious to leave the hospital and resume his business."

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Paracentesis Thoracis.—In the number of this journal for April, 1852, will be found an interesting paper on this subject, by Dr. Henry J. Bowditch, of Boston.

In a more recent paper (*Bost. Med. and Surg. Journ*., June 4, 1857), Dr. B. states that his subsequent experience has confirmed his belief of "the importance of this operation as a remedial measure, to be used *not as a last resource*, but like any other simple remedy, if necessary, at any period of the disease. I still use the exploring trocar, although, in some instances, where there has been a tendency to a re-accumulation of fluid, I have used a larger instrument."

He further states, that "since April 17, 1850, I have operated upon sixty-two individuals, of both sexes and all ages. I have punctured one hundred and eleven times. I know of nothing in practical medicine which has afforded me more satisfaction than this simple operation. I use designedly the expression —practical *medicine*, in contra-distinction to surgery. The perfect simplicity of the operation, to one satisfied of the correctness of his diagnosis, allies it to venesection or vaccination. I am well aware that many will wonder, and some, perhaps, will scoff at this classification. To such I would say—Do not theorize on your fears—*try the operation*, and then you can judge more clearly. You will find that, as performed in these cases (viz., with the exploring trocar), it is, 1st, as a general rule, less painful than a blister; 2d, that (if I may judge from my cases) it *never* does harm; 3d, when fluid is obtained, it *always* gives relief, either temporary or permanent; 4th, that very often it is the chief, if not the sole means capable of relieving severe symptoms, and even of saving life.

"If these statements are true—and I am as convinced of their truth as I am of anything in my whole medical experience—I am justified in asserting, that a physician does wrong and acts foolishly who allows any patient to suffer months or years of misery, or even death itself, from pleuritic effusion, at any age, from any cause and with any complications, without, at least, *a trial of thoracentesis*. I write thus strongly because I fear that surgeons, of even the highest reputation, still shrink from performing this operation. This fear, I presume, is owing to their considering it as similar to the operation laid down in all, or almost all, of their own manuals. From that operation they ought in most cases to shrink. That which is here advocated is of a totally different character, and is, so far as my experience goes, harmless."

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Chalk and Vinegar in Intermittent Fever.—Dr. Hodsden stated, at the recent meeting of the East Tennessee Medical Society, that he had been eminently successful in this treatment of intermittent fever with a mixture of prepared chalk and vinegar. Every case had been cured, and without relapse. The dose is a tablespoonful of each, mixed together, and allowed to stand, to allow effervescence to take place, and then given an hour before the expected time of the chill. It acts always freely on the bowels and kidneys. A friend in the West, from whom he learned this remedy, stated that he had seen hundreds cured by it.—*Nashville Journ. Med. and Surg*., June, 1857.

Gunshot Wound of the Heart and Stomach.—Dr. J. H. Grant reports (*Charleston Med. Journ.*, May, 1857) a remarkable case of this. The subject of it, a constable, received a ball from a revolver which entered "a little to the right of the sternum, between the cartilages of the fifth and sixth ribs," perforated the pericardium, "entered the right ventricle about an inch from the apex, and emerged from the same on the under side of the heart, before going far enough to enter any other cavity," passed through the diaphragm and through the cardiac extremity of the stomach, and lodged on the left kidney. This man was in a state of collapse for fifteen hours, and continued to live for twenty-six days, without taking any nourishment. When the *post-mortem* was made, the wounds in the organs had healed, but the cicatrices were evident.

Dislocation of the Femur reduced by Reid's Method.—Dr. T. G. McElbright records (*Western Lancet*, April, 1857) a case of this. The subject of it was a lad 7 years of age, who had dislocated his femur on the dorsum of the ilium by a fall. The patient was rendered insensible by the inhalation of equal parts of chloroform and sulphuric ether, and in thirty seconds the dislocation was reduced.

Wutzer's Operation for the Radical Reduction of Hernia.—This operation was successfully performed on the 9th of March last on a patient, in the Commercial Hospital, by Prof. Geo. C. Blackman. The instrument was kept applied for six days, with but little suffering to the patient, and Dr. B. satisfied himself three weeks after the operation that the canal was completely closed.—*Western Lancet*, April, 1857.

Spina Bifida, with Malformation of the Genitals.—In a paper published in the number of the *Journal* for October, 1856, Dr. Wm. H. Byford called attention to the concurrence of spina bifida and malformation of the genitals, and related three cases in which these coexisted.

Dr. S. Kneeland, Jr., of Boston, relates (*Boston Med. and Surg. Journ.*, Feb. 12, 1857) a case in which these malformations coexisted. There were five spinal tumours over the last lumbar vertebræ.

Below the pubic region there was a protuberance, about one-third of an inch in prominence, and the same in diameter, looking more like an inversion of the mucous surface of the bladder than a penis—from this the urine constantly dribbled. There did not seem to be any bone where the pubis ought to be, and the finger could be pressed down quite deeply above the "penoid" protuberance into a yielding mass of viscera, which, from the gurgling of air and fluid, were evidently folds of intestine; whether these descended into the structure next described, forming a hernia, could not be clearly made out. On each side of the penis was a scrotum, extending round under the perineum to within half an inch of the anus; I call this a scrotum (though I could detect no testis in it) from the perfect resemblance of its wrinkled skin to that organ. This scrotum was about an inch wide and high in its middle portion, whence it faded out gradually towards the penis and anus; it looked very much like the old-fashioned epaulette of the common soldier. Between these scrotums, or "scrota," was a fissure extending for their whole length, which could be opened for about half an inch in its deepest part; it presented the ordinary appearance of the genital mucous membrane. No opening could be seen in it.

Treatment of Erysipelas with Tobacco.—Dr. J. G. Stephenson calls (*Western Lancet*, May, 1857) the attention of the profession to the treatment of erysipelas by tobacco, and asserts that this agent is the most reliable one for subduing erysipelatous inflammation of which he has any knowledge. He covers the inflamed surface with wet tobacco leaves, which he permits to remain until much nausea is produced.

That the tobacco is as safe an application as the nitrate of silver can, we conceive, scarcely be maintained; while a more effectual application than the latter can hardly be required.